


APPLICATION DATA SHEET

Electronic Version v14  
Stylesheet Version v14.0

|                                                                                     |                                                                                                         |                  |  |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------|--|
| Title of Invention                                                                  | METHOD FOR FORMING ROBUST SOLDER INTERCONNECT STRUCTURES BY REDUCING EFFECTS OF SEED LAYER UNDERETCHING |                  |  |
| Application Type : regular, utility<br>Attorney Docket Number : FIS920030359US1     |                                                                                                         |                  |  |
| Correspondence address:<br>Customer Number: 29371                                   |                                                                                                         |                  |  |
|  |                                                                                                         |                  |  |
| Inventors Information:                                                              |                                                                                                         |                  |  |
| <u>Inventor 1:</u>                                                                  |                                                                                                         |                  |  |
| Applicant Authority Type:                                                           |                                                                                                         | Inventor         |  |
| Citizenship:                                                                        |                                                                                                         | US               |  |
| Given Name:                                                                         |                                                                                                         | Kamalesh         |  |
| Middle Name:                                                                        |                                                                                                         | K.               |  |
| Family Name:                                                                        |                                                                                                         | Srivastava       |  |
| Residence:                                                                          |                                                                                                         |                  |  |
| City of Residence:                                                                  |                                                                                                         | Wappingers Falls |  |
| State of Residence:                                                                 |                                                                                                         | NY               |  |
| Country of Residence:                                                               |                                                                                                         | US               |  |
| Address-1 of Mailing Address:                                                       |                                                                                                         | 319 Sheafe Road  |  |
| Address-2 of Mailing Address:                                                       |                                                                                                         |                  |  |
| City of Mailing Address:                                                            |                                                                                                         | Wappingers Falls |  |
| State of Mailing Address:                                                           |                                                                                                         | NY               |  |
| Postal Code of Mailing Address:                                                     |                                                                                                         | 12590            |  |
| Country of Mailing Address:                                                         |                                                                                                         | US               |  |
| Phone:                                                                              |                                                                                                         |                  |  |
| Fax:                                                                                |                                                                                                         |                  |  |
| E-mail:                                                                             |                                                                                                         |                  |  |
| <u>Inventor 2:</u>                                                                  |                                                                                                         |                  |  |
| Applicant Authority Type:                                                           |                                                                                                         | Inventor         |  |
| Citizenship:                                                                        |                                                                                                         | US               |  |
| Given Name:                                                                         |                                                                                                         | Subhash          |  |

**Middle Name:** L.  
**Family Name:** Shinde  
**Residence:**  
**City of Residence:** Courtlandt Manor  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 43 East Hill Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Courtlandt Manor  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10567  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Tien-Jen  
**Family Name:** Cheng  
**Residence:**  
**City of Residence:** Bedford  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 75 Hickory Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Bedford  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10506  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Sarah  
**Middle Name:** H.  
**Family Name:** Knickerbocker  
**Residence:**

**City of Residence:** Hopewell Junction  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 208 Creamery Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Hopewell Junction  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12533  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** CA  
**Given Name:** Roger  
**Middle Name:** A.  
**Family Name:** Quon  
**Residence:**  
**City of Residence:** Rhinebeck  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 15 Rockefeller Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Rhinebeck  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12572  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** William  
**Middle Name:** E.  
**Family Name:** Sablinski  
**Residence:**  
**City of Residence:** Beacon  
**State of Residence:** NY

**Country of Residence:** US  
**Address-1 of Mailing Address:** 15 Monell Place  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Beacon  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12508  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 7:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Julie  
**Middle Name:** C.  
**Family Name:** Biggs  
**Residence:**  
**City of Residence:** Wappingers Falls  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 15 Pye Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Wappingers Falls  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12590  
**Country of Mailing Address:** US  
**Phone:**  
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Inventor 8:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** David  
**Middle Name:** E.  
**Family Name:** Eichstadt  
**Residence:**  
**City of Residence:** Park Ridge  
**State of Residence:** IL  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 1752 Park Ridge Pointe

**Address-2 of Mailing Address:****City of Mailing Address:** Park Ridge**State of Mailing Address:** IL**Postal Code of Mailing Address:** 60068**Country of Mailing Address:** US**Phone:****Fax:****E-mail:**Inventor 9:**Applicant Authority Type:** Inventor**Citizenship:** US**Given Name:** Jonathan**Middle Name:** H.**Family Name:** Griffith**Residence:****City of Residence:** Lagrangeville**State of Residence:** NY**Country of Residence:** US**Address-1 of Mailing Address:** 8 Budd Lane**Address-2 of Mailing Address:****City of Mailing Address:** Lagrangeville**State of Mailing Address:** NY**Postal Code of Mailing Address:** 12540**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Attorney Information:**

practitioner(s) at Customer Number:

29371



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:**Organization Name:** INTERNATIONAL BUSINESS MACHINES**Address-1 of Mailing Address:** CORPORATION**Address-2 of Mailing Address:** NEW ORCHARD ROAD**City of Mailing Address:** ARMONK

|                                 |       |
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| Postal Code of Mailing Address: | 10504 |
| Country of Mailing Address:     | US    |
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